

BEST AVAILABLE COPY

CLAIMS ONLY

Application Number
09/484667

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep.	Depend	Indep	Depend
1	/					
2		/				
3						
4						
5						
6		/				
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10		/				
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40						
41		/				
42						
43						
44		/				
45	/					
46						
47						
48	/					
49						
50		/				
Total						
Indep	12					
Total						
Dépend	38					
Total						
Claims	50					

	Indep.	Depend.	Indep.	Depend	Indep	Depend
51		/				
52		/				
53						
54						
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93						
94						
95						
96						
97						
98						
99						
100						
Total						
Indep						
Total						
Depend	2					
Total						
Claims	2					

2
52